Depression and Bulimia nervosa

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Depression

What is it?

Depression is a type of mental disorder that is shown when individuals have often times when they have low moods and low self esteems.

Prevalence of depression:

Depression is the fourth leading cause of disability and disease worldwide. Each year, 6% of adults experience an episode of depression, and over the course of their lifetime more than 15% of the population will experience an episode. Depression is also mostly seen in women

The symptoms for depression includes:

Affective: depressed, loss of interest
Behavioral: appetite disturbances
Cognitive: thoughts of suicide, difficulty concentrating
Somatic: insomnia

DSM-IV criteria used for depression:

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

(1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood.

(2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)

(3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.

(4) Insomnia or hypersomnia nearly every day

(5) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

(6) Fatigue or loss of energy nearly every day

(7) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

(8) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

(9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

B. The symptoms do not meet criteria for a Mixed Episode.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation

Analyzing etiologies

Biological: There are lots of debate on what biological factors really cause depression. There are some researchers stating that the lack of 5-HTT gene can cause high levels of depression. On the other hand there are other researchers such as Janowsky et al. (1972) who actually did a experiment on noradrenaline and depression. He found out that the limited amount of noradrenaline can cause depression.

Cognitive: When we look at depression in a cognitive perspective, they are people who have depressing thoughts. Ellis (1962) stated that psychological disturbances sometimes come from irrational and illogical thinking and when people make false conclusions, it brings together anger, anxiety and depression.

Sociocultural: In this part of the level of analysis, it mostly deals with how the environment shapes the person. A research done by Prince (1968) showed that before Africa and some parts of Asia did not have depression .However, the westernization brought depression to these countries.

What is it?

Bulimia is when certain amounts of individuals start to show the symptoms of bulimic reactions. The symptoms for the disorder includes:

Affective: feelings of inadequacy, guilt or shame
Behavioral: recurrent episodes of binge eating, use of vomiting, laxatives, exercise, or dieting to control weight
Cognitive: negative self-image, poor body image, tendency to perceive as more stressful than most people would
Somatic: swollen salivary glands, erosion of tooth enamel, heart problems

Here is the DSM-IV that deals with bulimia:

A. Recurring episodes of binge eating. The two characteristics of a binge eating episode are:

(1) Eating a much larger amount of food than most people would consider normal under similar circumstances and within the same time frame (eating may continue for several hours).
(2) While eating, there is a feeling of loss of control over the amount of food or type of food being consumed.

B. There are recurring efforts to compensate for bingeing episodes and to avoid gaining weight. These may take the form of self-induced vomiting, laxative abuse, diuretics, and enemas, restricting calories or excessive exercise.

C. On average, binge eating and compensatory behaviors take place twice weekly, and have done so for 3 months.

D. There is an excessive influence of body weight and shape on self-worth.

E. The disorder occurs at times other than during episodes of anorexia nervosa.

There are two identifiable types of bulimia nervosa:

Purging Type: Throughout the present episode of bulimia nervosa, there has been a regular occurrence of purging behaviors in the form of self-induced vomiting, laxative abuse, diuretics, or enemas.

Non-purging Type: Throughout the present episode of bulimia nervosa, there have been other efforts to compensate, such as restricting calories or excessive exercise, but there has been no regular occurrence of self-induced vomiting, laxative abuse, diuretics, or enemas.

Analyzing etiologies

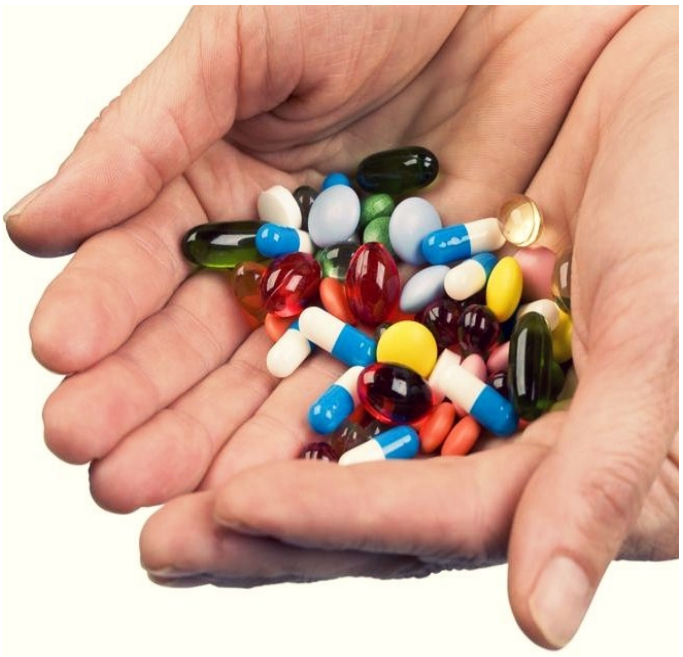
Biological: It has been researched that low levels of serotonin is one of the reasons for bulimia. Carraso (2000) found out that patients who were diagnosed with bulimia had lower serotonin levels. A experiment that further looks at the biological level of analysis of bulimia is the study done by Kendler et al (1991). The aim of the experiment was to see if the increased bulimia in families is genetic or environmental. After interviewing 1000pairs of twins, he found out that the MZ twins had a concordance rate of 26% and DZ twins 16%. After looking at this, Kendler made a conclusion saying that the heritability rate for bulimia is 55%.

Cognitive: For many bulimic patients, individuals suffer from delusions and thoughts of themselves being very overweight. Also they tend to over estimate their size and think that they are fat.. Fallon and Rozin (1985) did an experiment against the US undergraduates. They were shown pictures of their own sex and were asked to choose the most ideal picture. The male students all chose similar pictures when females chose the skinniest pictures.

Sociocultural: As time goes on, beauty also changes with time. Nowadays young girls watch television and through those media, they have a type of thinking that they need to go on a diet. A study was done by Sanders and Bazalgette using a Barbie doll. They measured the leg, waist but found out that they were just too exaggerated.

Prevalence of bulimia

When bulimia is looked at among the hospital patients, high school students and college students there are 0.1%-1.4% of males and 0.3%-9.4% of females. This data changes as time changes as well. Bulimia is most common to females at the age of 15-4. This disorder occurs Frequently in the developed countries and females in the middle class families.



Treatment of bulimia

There are three types of treatments which are: biomedical, individual, and group approaches.

Biomedical:

To cure the bulimia the researchers tried to find the most effective treatment and so SSRIs have been investigated. This has shown positive reactions in the study done by McGilley and Pryot (1998). In the experiment, it was found out that there was a reduction in vomiting 29% and if they were given a higher dosage, binge eating was reduced as well.

Individual:

People who are diagnosed with bulimia tend to seek for help. Mostly to the therapists. By going to therapy sessions, the patients are able to control their eating habits and also reduce their binge eating. They also gain self-esteem by talking with the therapists.

Group approach:

Schmidt et al. (2007) did a group therapy that involved 85 adolescents. This group therapy had a very positive feedback. There was a significant reduction of binge eating over a period of 12 months.

Most effective treatment

I would say that the most effective treatment for bulimia is biomedical. This is because there was a very significant change in the reduction of binge eating and vomiting by eating medicines and also it is helpful for the biological levels of analysis and that is because the medications insert more serotonin into the body and because low levels of serotonin is one of the reason why bulimia occurs biomedical is the most effective. However, I think that for cognitive level of analysis individual treatment is also good because by talking to the therapist, the individual who is affected by bulimia can gain confidence and self esteem.

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